

**FINANCIAL AFFIDAVIT**CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR DIRECT PAYMENT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF \_\_\_\_\_ MAGISTRATE     DISTRICT     APPEALS COURT or     OTHER PANEL (Specify below) \_\_\_\_\_

VS. \_\_\_\_\_

FOR \_\_\_\_\_

AT \_\_\_\_\_

LOCATION NUMBER \_\_\_\_\_

PERSON REPRESENTED (Show your full name)

Jennifer Pavao

CHARGE/OFFENSE (describe if applicable & check box → )     Felony     Misdemeanor

1  Defendant - Adult  
 2  Defendant - Juvenile  
 3  Appellant  
 4  Probation Violator  
 5  Parole Violator  
 6  Habeas Petitioner  
 7  2255 Petitioner  
 8  Material Witness  
 9  Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate

04m-1049

District Court

Court of Appeals

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed		
	Name and address of employer: _____		
	IF YES, how much do you earn per month? \$ _____		
	IF NO, give month and year of last employment How much did you earn per month? \$ _____		
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ <u>175 weekly</u> <u>Nov 2003 End</u>		
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	RECEIVED	SOURCES	
PROP- ERTY	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____		
	CASH Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    IF YES, state total amount \$ _____		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
OBLIGA- TIONS & DEBTS	VALUE	DESCRIPTION	
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____		
DEPENDENTS	List persons you actually support and your relationship to them <u>Drew Pucham</u> <u>Weekly visitations</u>		
	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>1</u>	
DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME: _____ Creditors      Total Debt      Monthly Payt. <u>Sprint Cell phone</u> \$ <u>125.00</u> \$ <u>50.00</u> \$ _____      \$ _____ \$ _____      \$ _____ \$ _____      \$ _____		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Jennifer Pavao March 24 2004